



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)



Bib Data Sheet

CONFIRMATION NO. 5876

SERIAL NUMBER 10/025,023	FILING OR 371(c) DATE 12/19/2001 RULE	CLASS -600- 705	GROUP ART UNIT -3736- 3627	ATTORNEY DOCKET NO. 539.337.2.1
-----------------------------	--	-----------------------	----------------------------------	---------------------------------------

## APPLICANTS

Guy Scott Bristol, Shoreview, MN;

\*\* CONTINUING DATA *10/278,821 03/26/2001*  
This appln claims benefit of 60/278,821 03/26/2001

\*\* FOREIGN APPLICATIONS *None V.F.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 18	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verifier and Acknowledged <i>Patent Friend</i> <i>V.F.</i> Examiner's Signature <i>Allowance</i> Initials				

## ADDRESS

022859

## TITLE

Implantable medical device management system

FILING FEE RECEIVED 1712	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
--------------------------------	---	---

BEST AVAILABLE COPY